

Division for Services to
Adult Persons with
Intellectual Disabilities
(DSPDI)

COVID-19 ACTION
PLAN AND
PROTOCOL

San Juan, Puerto Rico
March 30, 2020

Table of Contents:

Introduction.....3

Official Sources of Information.....3

General Measures.....5

Action Plan.....7

General Information.....7

Signs and Symptoms.....7

Incubation Period.....9

Personnel Education and Training.....9

Inventory.....9

Preventive Measures that Diminish Risk of Contagion.....10

Adequate Practices to Minimize Contagion and Avoid Spread.....10

Individual Prevention and Hygiene Measures.....12

Common Areas.....12

Management of Participants with Suspected COVID-19.....12

Report any Possible COVID-19 Disease in Participants or Personnel.....12

Response to a Suspected Case of COVID-19 in a Member of the Personnel.....13

Self-quarantine practices if an Individual Tests Positive for COVID-19.....14

Caregivers Caring for Persons who are Ill.....15

Maintaining Positive Physiological and Emotional Health.....15

Emergency Planning.....15

Guide for Taking Vital Signs.....15

Exhibit A.....19

Exhibit B.....24

Introduction

The present document has been prepared, initially by the Division for Services to Adults Persons, with Intellectual Disabilities (DSPDI) and then reviewed and commented, by a team of experts for the benefit of all of the participants, family members, employees, contractors and subcontractors of the DSPDI and to establish recommend measures to confront and/or mitigate existing and potential challenges that COVID-19¹ represents to the above-mentioned individuals and the DSPDI. **The present Action Plan and Protocol will be updated as necessary by agreement of the parties, the JCC and subsequent approval by the Court.**

It is recommended that, during this period, a work plan be carried out for each of the service areas with the intent to augment the possibility of rendering the required services while minimizing the potential exposure to COVID-19 by the above-mentioned individuals and entities.

Although changes have been made in the practices of providing proper services to all participants, the mitigating measures that are being established in the present action plan and protocol promote that said services be implemented using national and international recognized safety medical practices, which will require the use of existing and new available technology. In addition, it is vital that the psychological, physical and any other health related matter be taken into consideration according to the current plan of action. **Furthermore, it is important to emphasize the importance of the capacitation, training and education on the matter for all DSPDI personnel and service providers which is one of the main purposes of the present document.**

Moreover, it is imperative that each person maintain discipline and social awareness in adhering to the present action plan and protocol to mitigate the exposure to COVID-19 by anyone that provides services for the DSPDI.

Official Sources of Information

The following sources of information, guidelines and directives, among others, were consulted and used in the development of this Protocol, and will be adhered to by the DSPDI and service providers at all times until ordered otherwise:

- Center for Disease Control and Prevention – Coronavirus Disease 2019 (COVID-19) - *Recommended precautions for household members, intimate partners and caregivers in a nonhealthcare setting*
- World Health Organization - Modules on Prevention and Control of Infections Caused by the New Coronavirus:

¹ COVID-19 is a contagious viral infection, which generally causes respiratory diseases in humans. Viral infection can range from no symptoms (asymptomatic) to serious illness with life-threatening complications, including pneumonia, among other complications. It is important to emphasize that COVID-19 is transmitted by contact with contaminated objects, respiratory secretions, and fluids.

- Preparation, operational disposition and infections control prevention
 - New coronavirus, epidemiological characteristics, risk factors, definitions and symptoms
 - Infection control prevention in the context of COVID-19, habit precautions, transmission precautions and specific recommendations for COVID-19
 - Advice on the use of masks in the community during homecare and in health care settings in the context of the novel Coronavirus outbreak
 - Homecare for patients with COVID-19 presented with mild symptoms and management of their contacts.
- Puerto Rico Department of Health: *Coronavirus Preparation and Response Plan*
- Medical Emergency Bureau of the Puerto Rico Department of Public Safety: *Guide for the management of suspected and confirmed patients*
- The DSPDI and providers shall note the guidelines issued by the United States Drug Enforcement Agency, Diversion Control Division on Registrant Guidance on Controlled Substance Prescription Refills, which allows for prescriptions of controlled substances through telepsychiatry visits which limits the need for in-person appointments, among others. The aforementioned guideline can be found at:
- [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC017\)\(DEA065\)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC017)(DEA065)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf).
- Senate Joint Resolution 491 (signed into law by the Governor on March 20, 2020) – Puerto Rico Telemedicine Act
- Governor Wanda Vázquez-Garced’s Normative Letter CN2020-270D on amendments to the telemedicine normative letter
- Puerto Rico Health Services Administration:
1. Normative Letter 2003-16A on access to medicines in pharmacy network
 2. Normative Letter 2003-16B on referrals
 3. Normative Letter 2003-17 on telephone consultations
- CDC’s National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases.
- Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities.
 - What To Do if You Are Sick
 - Further information and recommendations can be found in the CDC’s website. Especially, we recommend considering the guidelines set forth for long-term health care facilities at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>.

To fulfill the aforementioned purposes, the following measures are recommended:

1. The services provided by the Transitional Service Centers (CTS, for its acronym in Spanish) to participants will not take place in the daily centers, but each participant will receive the necessary individualized services in their respective Group Homes, Substitute Homes, Institutions and Biological Homes, if necessary. This service rendered will be monitored in order to ensure that each CTS is rendering these services in accordance with the present action plan;
2. The Interdisciplinary Teams (IDT) provided in the CTS, together with the Central Level Clinical Operational Units, which include: Habilitative Unit, Quality Unit, Specialized Clinic in Evaluation and Consulting (CEEC), Dental Clinic, Unit of Homes and Private Institutions, will remotely guarantee the services provided by the DSPDI personnel, in Group Homes, Substitute Homes, Institutions and Biological Homes;
3. In the event that a government agency who is responsible for providing a certain service is not able to provide the same, it is recommended the DSPDI provides the corresponding support to ensure that the participants are receiving the required services at all times.
4. In accordance with the provisions of Executive Order OE-2020-023 issued on March 15, 2020, it is imperative to emphasize that our participants are under the same limitations as the rest of the population, to the effect that citizens must remain in their homes for the duration of the curfew imposed by the Governor. However, and recognizing that emergency situations may arise related to participants, it will be imperative that any situation that warrants visits to community homes (without regard to the reason for the visit), as well as outings, are immediately communicated to the DSPDI. Furthermore, it is recommended that a proper log entry be generated in which the events that lead to said visits be memorialized with particularity (for example: reasons that motivated the visit; time and day of visit; if it was related to a specific incident; if it was related to a health condition or aggravated health condition; duration of the visit; individuals that the visitor was exposed to during the visit with proper names and means of identification; what sanitary measures were used upon entry and exit of the home; etc. See Exhibit A, Outings and Visitations Protocol. In the event of an emergency, the DSPDI, in coordination with the Department of Health and on-call health professionals, will make decisions premised on the guidelines that have been established in Exhibit A;
5. The recommendations issued by the Center of Disease Control and Prevention (CDC) and the Government of Puerto Rico will be provided in real time. It is recommended that any case that may warrant direct communication with the CDC be generated immediately;
6. The IDT of each CTS will follow-up with each participant, family or caregivers, through phone calls or emails. The above applies regardless of whether the individual resides in community homes or institutions;
7. Participants, family members and caregivers will be oriented immediately upon the approval of the present action plan and protocol so that, in the event of an emergency, they can call the DSPDI's internal crisis line, at (787) 691-1763;
8. Systematic and random remote monitoring of the treatment and medication doses will be performed according to the diagnoses of each participant strictly following the guidelines established in the present action plan and the attached protocol at Exhibit A. In case there

- is a change in a participant's medication and/or medication doses, said change must be immediately documented in the *TherapServices* platform;
9. Remote monitoring and follow up will be provided at least once a week to participants with high physical, emotional and behavioral risk;
 10. The IDT of each CTS will have daily conference calls with the personnel to hold team meetings before the commencement of work. The Director in conjunction with the corresponding coordinator will generate the call. The coordinator will take detailed minutes of each of the above conference calls;
 11. The IDT of each CTS will follow up with the participants by telephone individually or in conjunction with some other member of the IDT. This follow-up call will be conducted with both the home provider and with the relevant participant or jointly. The above communications and its content will be immediately documented in the *TherapServices* platform, except for institutions and biological homes, which do not have the *TherapServices* platform. In such cases, it is recommended that the DSPDI personnel maintain proper documentation of the above;
 12. The IDT of each CTS will carry out administrative work in collaboration with the Central Level coordinator at the Department of Health. The above endeavor shall be made in order to support the quarterly compliance processes before the Court pursuant to the Joint Compliance Action Plan (JCAP), including, but not limited to, the review of manuals, protocols, standards and procedures that pertain to the services that participants receive from the DSPDI;
 13. Guidance, support and capacitation regarding COVID-19 will be provided to employees and participants 24/7 by experts in the matter designated by the Department of Health in a consistent and uniform manner;
 14. The DSPDI will ensure the services provided are based on needs pursuant on the Community Base Plan, treatments and diagnoses; and
 15. The present plan of action and its protocol is the guide for emergency management that may be presented by the propagation of the COVID-19 virus into the DSPDI program.

Modifications to this action plan and protocol will be made due to the possibility that some of the services participants receive may require modifications due to their individualized needs. Similarly, modifications may be made if the relevant health organizations, both nationally and internationally, recommend better methods to protect the population with intellectual and developmental disabilities that the DSPDI serves, of which eighty-four (84) of these they are high risk, and therefore require flexible and individualized management.

Action plan

The DSPDI has formed a "Task Force" COVID-19 to respond to the global emergency that could impact the participants of the Division. This working group will offer recommendations to the administration for the clinical management and the administrative compliance during the emergency. The "Task Force" will initially hold conference calls every day at 10:00 a.m., and then periodically, in order to update the administrative and clinical processes, in accordance with the provisions of the Central Government and the Department of Health. It is recommended that the DSPDI create a "quick response task force" in case of an emergency for each CTS region.

The professionals, contractors and subcontractors stationed at the Central Level will work in support of the "Task Force", the administration of the DSPDI and the EID of each CTS. The "Task Force" through agendas, work plans and daily reports will evidence such efforts with the supervisors.

The Central Level Coordinators will maintain direct communication with their counterparts in each CTS. This, with the goal of developing clinical strategies for managing participants in the event of any emergency. A proactive approach to identifying potential emergencies or situations that may generate legitimate threats to the well-being of the participants will be notified immediately to the above-mentioned coordinators.

Employees, contractors, subcontractors presenting symptoms associated with COVID-19, must follow the protocol established by the Department of Health. In addition, and in compliance with the incident protocol, these instances must be immediately reported to the DSPDI Quality Unit.

General Information

High Risk Groups

The following people are considered at high risk, and it is particularly important to protect them against exposure to COVID19:

- People of any age who live in congregate settings such as institutions, nursing homes or long-term care facilities.
- People over the age 65 years.
- People with chronic lung disease or moderate-to-severe asthma.
- People who have serious heart conditions.
- People with severe obesity (body mass index [BMI] ≥ 40).
- People with underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease.
- People who are immunocompromised related to conditions such as cancer treatment, smoking, bone marrow or organ transplantation, and other conditions that affect the immune system, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

Any person that provides services to the DSPDI that is unsure as to whether they fall into any of the above-mentioned high-risk groups should consult the DSPDI crisis hotline.

Signs and symptoms

The most common signs and symptoms include:

- Fever - although this may be absent in the elderly; and
- Dry cough.

Other symptoms may include:

- Difficulty breathing; and
- Fatigue.

It is imperative to mention that several conditions such as anxiety, lack of sleep and physical activity, among others, may cause breathing difficulties, among other symptoms that may be similar to those caused by COVID-19. In the event that a participant shows any of the symptoms associated with COVID-19, it is recommended that the DSPDI ensure that they are submitted to the corresponding tests in order to rule out a COVID-19 diagnosis and refer for proper treatment.

Less common symptoms include:

- Sore throat;
- Headache;
- Myalgia / arthralgia (muscle pain, joint pain);
- Shaking chills;
- Nausea or vomiting;
- Nasal congestion;
- Diarrhea;
- Hemoptysis (expectoration with blood); and
- Conjunctival congestion.

Elderly people may also have the following symptoms:

- Confusion; and
- Loss of appetite.

Emergency warnings as to when to seek care include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- Any other symptom that is severe or concerning.

If emergency services are called and you know someone has COVID19, tell the dispatcher.

Incubation Period

People with COVID-19 generally develop mild respiratory symptoms and fever, an average of 5-6 days after infection (average incubation period of 5-6 days, in a range 1-14 days).

Personnel Education and Training

- Each provider is responsible for ensuring that their personnel is adequately trained and competent in all aspects of COVID-19 prevention management. The DSPDI will be available to provide assistance, information and/or guidance in this regard. There must be uniformity in regard to the information and/or training that the providers receive from the DSPDI.
- It is recommended that the DSPDI contemplate the possibility of creating video or online workshops pertaining to the above matter for the providers and biological homes, or other similar orientation methods that take into consideration social distancing and other safety measures.
- It is recommended that the DSPDI furnishes the training coordinator's work plan and considers the possibility of recording the workshops and make them available to the personnel.
- Personnel must know the symptoms of COVID-19 to quickly identify and respond. In addition, all personnel should understand infection control precautions and be able to implement all measures during a possible infection.
- It is recommended that the DSPDI be responsible for ensuring that the needs of the homes are properly attended in a consistent and timely manner.

Inventory

Providers should ensure that they maintain a forty-five (45) inventory of materials, supplies, and food including:

- Personal protective equipment (gloves, gowns, masks, glasses);
- Hand hygiene products (alcohol-based hand gel, liquid soap);
- Cleaning supplies (detergent and disinfectant products);
- Medicine and first aid supplies; and
- Food for forty-five (45) days. We recommend following the nutritional guidelines found at Exhibit B.

It is recommended that the DSPDI take the necessary measures to ensure that the providers and biological homes are able to obtain the above-mentioned supplies in light of the shortage of the same in the market. Consideration should be given to, among others, establishing collaborative agreements with entities that can provide these supplies, as well food, water and/or medicine. It is recommended that the DSPDI have a fund directed towards covering any expense that has not been considered in the current budgets.

It is recommended that the DSPDI maintain an inventory of personal protective equipment to supply to the providers in case the present emergency situation is extended for a prolonged period of time and said equipment becomes unavailable or very difficult to obtain.

Preventive Measures that Diminish the Risk of Contagion

- Avoid close contact with sick people;
- Avoid touching your eyes, nose and mouth;
- Stay home if you are sick;
- Employees and participants should wash their hands with each contact;
- Cover your nose and mouth with a disposable tissue when you cough or sneeze and then discard it in the trash;
- Clean and disinfect objects and surfaces that are frequently touched using a bactericidal or virucidal product, either in a sprayer or a wet towel.

Adequate Practices to Minimize Contagion and to Avoid the Spread of COVID-19

- Group Homes, Substitute Homes and Institutions should not permit visitors who do not have an essential need to be in the home. Any visitors must be screened for signs and symptoms of illness prior to entering the home, including fever, cough and shortness of breath. Refer to Exhibit A for specific protocols for outings and visitations for participants. The same is recommended for biological homes.
- Personnel assigned to work in institutional settings or community homes should be monitoring themselves for signs and symptoms of illness, including fever, cough and shortness of breath. Any symptoms should be communicated to supervisors prior to coming to the service location.
- Substitute home providers should be monitoring themselves for signs and symptoms of illness, including fever, cough and shortness of breath. If these are present, follow isolation procedures described below as much as possible and arrange for alternative care for people served by DSPDI as possible.
- Personnel should be familiarized with the present action plan or protocol. An acknowledgement of read and receipt should be signed by each personnel member and have a copy readily available for review in case of doubts.
- Personnel should be aware of the first symptoms of COVID-19.
- Keep employees and personnel informed through regular communication.
- Personnel should be informed about the evolution of the pandemic and the measures that the agency and the Home are taking.
- Maintain a monitoring of sick employees and report it to the DSPDI every 24 hours.
- Hold teleconferences instead of face-to-face meetings.
- Maintain active communication with the Administration of the DSPDI
- Support personal protection measures and supply the necessary equipment. Appropriate personal protective equipment should be used in case of suspected symptoms or signs of COVID-19. The providers shall immediately inform the DSPDI if any participant or staff member shows any of the symptoms related to COVID-19.
- Personnel should not report to work if they are symptomatic and should report their symptoms to the provider.
- Instruct employees to stay home if they feel sick.

- Those employees who have been in contact with confirmed cases must work from home for a period of fourteen (14) days in which they will self-evaluate the development or not of symptoms.
- Personnel that feels sick or presents any symptoms related to COVID-19 should be removed until a health professional authorizes his/her return to work.
- Employees must also be removed from work if they have returned from a trip from a country considered high risk to COVID-19. In any such case, the person should follow the CDC's recommendations on self-quarantine for a minimum of fourteen (14) days with no exposure to others, especially to participants.
- It is recommended that the DSPDI have trained personnel available to provide services in the homes in case of an emergency with a participant. It is recommended that the such personnel be properly trained in the handling of an emergency situation regarding COVID-19.
- All employees and participants should be monitored daily before going on shift for fever or respiratory symptoms.
- It is recommended that the temperature be measured twice a day, for both employees and participants. They should keep a record of those temperatures and submit to the Monitor daily along with the previously mentioned survey questions.
- The electronic platform "Therap Services" has "Health Tracking", where they will be documenting the temperature records.
- Institutional settings, community homes and substitute homes should clean all "high-touch" surfaces like counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, including any surface that may come into contact with blood, stool or body fluids at least twice a day and each time somebody walks in or out of the home or institution. Use soap or other cleaning sprays for this cleaning.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Individuals served in community homes, substitute homes and institutions should be monitored for signs and symptoms of illness. If an individual exhibits signs or symptoms of illness, the precautions taken below shall be followed. These practices that are being imposed to the homes, are being recommended for biological homes that receive services from the DSPDI program.
- It is recommended that, in the event of a participant, caretaker or staff member's decease due to a respiratory condition or any other condition that may indicate the presence of COVID-19, the Department of Health shall ensure that the corresponding test for COVID-19 is administered in order to implement the corresponding safety measures in case of a positive result.

Individual prevention and hygiene measures:

- Promote that employees to be vaccinated against influenza. The influenza vaccine does not protect against COVID-19. However, it prevents the employee from being in a disease process and with a weakened immune system should he or she come into contact with a person sick with COVID-19, thus reducing the probability of developing the disease.
- Provide disinfectants for employees to clean their work area daily.
- Provide "hand sanitizer" to employees.

- Provide disposable papers to employees and place easily accessible trash cans.
- Make sure soap and water are available at all times in the bathrooms.
- Promote frequent hand washing, especially before preparing food, eating, caring for a sick person, after using the bathroom, changing diapers, blowing your nose, coughing or sneezing, touching animals, their droppings or food and touching the trash.
- Prohibit personnel from waving, kissing, and hugging.

In the common areas:

- Post signs in visible areas to encourage handwashing and respiratory etiquette when coughing or sneezing and any other measures that management wants to remember or emphasize.
- Limit access in common areas, such as food or rest areas, so that the distance between employees is at least 3 feet.
- Clean frequently touched surfaces in common areas, such as doorknobs, coffeemakers, microwaves, sink faucets, and restrooms, at least twice a day.
- If there are magazines in common areas, discard or remove them until the pandemic ends, as the virus could remain in them.
- Alternation of schedules and workplace.
- Shifts should be assigned based on workflow.

Management of Participants with Suspected COVID-19

- Immediately isolate participants with suspected or confirmed COVID-19 Diagnosis.
- Contain participants with fever or respiratory symptoms to their room with no contact at all with the rest of the participants. All providers should follow protocol in accordance with CDC and those listed in the present action plan.
- When a participant with symptoms of COVID-19 uses the toilet, they should disinfect the toilet with each use.
- Transfer participants to the hospital only if their condition warrants it. If the transfer is required, the DSPDI must be notified in advance that the participant is being transferred.
- Assess and classify participants who have been in contact or with acute respiratory symptoms and risk factors for COVID-19 to minimize the chances of exposure, including putting a face mask on the participant and protecting caregivers with masks, gloves and goggles.
- Perform hand hygiene with an alcohol-based hand sanitizer before and after all contact with the participant.
- Due to the high risk of contagion and the limited household staff, it is recommended that providers be exempt from providing direct care of participants that become hospitalized due to COVID-19. The *Ama de Llaves* corporation is deemed a viable option to assist both the providers and the biological homes if allowed by the hospitals.

Report any possible COVID-19 Disease in Participants and Personnel to the Department of Health and the DSPDI

- In the case that a participant or any individual is COVID-19 symptomatic, the protocol established by the Department of Health will be followed.
- The DSPDI must be notified immediately, who will immediately notify the JCC and USDOJ.
- It is important to mention that the participants' primary doctors and personnel should be the first line of medical support to address clinical concerns in patients with confirmed or possible infection with disease.
- The provider must inform the DSPDI:
 - the total number of participants and / or personnel with fever and exposed
 - date of onset of symptoms of each person
 - number of people with similar symptoms
- Number of the Department of Health for suspected cases is (787) 999-6202.
- It is recommended that the DSPDI secure the necessary resources in order to guarantee that the homes have the required personnel in the event of a shortage of employees or contractors due to contagion with COVID-19. The *Ama de Llaves* Corporation is deemed a viable option in order assist in this regard.
- The *Ama de Llaves* personnel shall receive the proper capacitation that the present action plan and protocol requires in order to render the necessary services to the homes in regards to situations that may arise due to the COVID-19 pandemic. It is recommended that the DSPDI and the Department of Health be responsible for the aforementioned capacitation.

Response to a Suspected Case of COVID-19 in a Member of the Personnel

- Employees who develop symptoms of respiratory illness should be immediately removed from the Home and kept away while a diagnosis is confirmed.
- If COVID-19 is excluded, the personnel member may return to work once well and as directed by the infection period for their condition. If a diagnosis of COVID-19 is confirmed, the personnel member should be excluded until he meets the criteria for release of isolation described in the guidelines.

If an individual served by DSPDI tests positive for COVID-19, the following self-quarantine practices are recommended:

- Separate yourself from other people and animals as much as possible (individuals should be placed in a room as far as possible from other individuals and have the use of a separate bathroom).
- Wear a facemask. If not possible, then people who live with the individual should not stay in the same room or other people need to wear a facemask.
- Cover cough and sneezes.
- Wash hands with soap and water for at least 20 seconds or clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of the hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

- Avoid sharing personal household items like dishes, drinking glasses, cups, eating utensils, towels, or bedding. If these are used, they should be washed thoroughly with soap and water.
- Everyone in the home should clean their hands thoroughly as often as possible and must do so before and after consuming food, using the restroom, coming in contact with other individuals, etc.
- Clean all "high-touch" surfaces at least twice a day, like counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Clean any surfaces that may have blood, stool or body fluids on them frequently. Use cleaning spray as according to labels.
- Avoid sharing household items with the person who is ill, including dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items.
- Monitor symptoms of the person, including their temperature and their respiratory rate (number of breaths while at rest in 60 seconds). If the home location has a pulse oximeter, use this to measure the person's oxygen levels.

Isolation:

- A participant with a COVID-19 symptom should be placed in a single room while confirming a diagnosis.
- **If the participant requires to be transferred to the hospital, the DSPDI Administration should be notified before the participant is transferred.**
- Place participants with similar symptoms as roommates.
- Personnel must ensure that cleaning and disinfection are carried out regularly in shared rooms.
- Specific personnel should be assigned to care for the participants in isolation.
- The provider shall keep a record of the personnel members serving participants with suspected COVID-19.
- The provider must ensure that personnel members do not move to other rooms, assigned sections, or provide care to other participants.
- The use of EPA-approved products related to emerging viral pathogens, such as that used against SARS-CoV-2, is recommended. Handling of clothing, food service utensils, and medical waste should also be cleaned according to routine procedures.

Recommendations for Caregivers Caring for a Person Who is Ill

- Wash laundry thoroughly. If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash hands immediately after removing gloves.
- Avoid unnecessary visitors.
- Treat the symptoms in the person. For fevers and discomfort, give Tylenol and **NOT** ibuprofen according to package instructions. Cough medicine can be used as needed and according to package instructions.

Recommendations for Maintaining a Positive Psychological and Emotional Health during COVID19 restrictions

- Continue to follow programming recommendations in individualized service plans as much as possible in the context of the COVID19-related restrictions.
- Service providers must seek to maintain active programming for individuals while restricted to their home environments, including participation in stimulating activities (unless physical conditions do not permit). As possible on an individualized basis, encourage people with developmental disabilities to participate in daily household activities to continue individualized skill development including meal preparation, household cleaning, laundry, etc.
- Encourage people with developmental disabilities to stay active as much as possible within the home and outside property areas while maintaining social distancing and following guidelines of the Governor’s Executive Order 2020-023 and the shelter-in-place.
- Offer virtual connections via phone or web to friends, family and other loved ones to maintain social connectedness.

Recommendations for Emergency Planning

- Families/group home personnel should develop a list of family members/friends/neighbors/healthcare providers, and community resources to have on hand for assistance should someone become sick.
- All institutions, community homes and substitute homes should consider how they would isolate someone who is ill and living in the environment from other people (described further below). Institutional settings in particular should immediately develop a plan and location for isolation of individuals exhibiting signs and symptoms of illness due to the high risk of infection spread in these environments.
- In the event that the caregiver(s) in a shared living or biological home are no longer able to care for someone served by DSPDI due to suspected or confirmed COVID19 illness, contact DSPDI’s crisis hotline at **(787) 691-1763**.
- **Additional measures may be warranted.**

Guide for taking vital signs:

	Normal	Elevated	Low
Blood pressure	120/80 mmhg	130/85mmHG or more	100/6- mmHg or less
Pulse	60-100 pulses per minute	100 pulses per minute or more	60 pulses per minute or less
Breathing	12-18 breaths per minute	25 or more breaths per minute	12 or less breaths per minute
Temperature	98.6°F (37° C)	101°F (38.3° C) or more	96.8°F (36° C) or less

Over-the-counter medication use:

It is recommended for the duration of the emergency, that each household have the following medications:

Management of fever and pain:

- Acetaminophen 500mg (Tylenol, Panadol) recommended 2 tab dose. Every 4 to 6 hours when necessary, do not exceed 4 daily doses.
- The use of Ibuprofen (Advil, Motrin, Aleve) should only be used with the authorization of a doctor since they have many contraindications.

Cough suppressants:

- Guaifenesin, Dextrometorphan (Mucinex DM, Robitussin Cough and Chest congestion, Delsym Cough and Chest Congestion, Coricidin HBP, Diabetic Tussin, Vicks 44E) the dose will depend on the presentation of the product. Although it is not a common symptom in COVID-19, if nasal a congestion occurs products that contain Pseudoephedrine may be used, avoid products that contain Phenylephrine (this can increase blood pressure).

Medical consultations:

For inquiries contact the crisis line of the Specialized Clinic in Evaluation and Consulting CEEC at 787-691-1763. In addition, there is the Organizational Quality and Development Unit, which has nursing personnel, with the number (787) 439-4055.

IMPORTANT NUMBERS:

State Epidemiologist / OEI Director
787-765-2929 Ext. 3551

Carmen J. Rodríguez Caquías
Epidemiologist RSV and Vaccine Preventable Diseases / International Traveler Consulting
765-2929 Ext. 3557 787-692-6276 787-225-2568
crodriguez@salud.pr.gov

Maritza Cruz Cortés
Coordinator of communicable diseases by food and water
787-765-2929 Ext. 3661 787-223-6420
marcruz@salud.pr.gov

Karina González
Influenza Coordinator
787-765-2929 Ext. 3565 karina.gonzalez@salud.pr.gov

Norma Díaz Paris
Coordinator of hospital acquired infections (HAI)
765-2929 Ext. 3832 787-692-6230
nodiaz@salud.gov .pr

Melissa Bello

Surveillance Coordinator -Biosecurity
Cel: 787-692-6179 mbello@salud.gov.pr

Region - Arecibo

Juan Méndez
Epidemiologist
Cel. 787-692-6273
787-765-2929 Exts. 6356, 6357 787-880-5538
fax jmendez@salud.gov.pr

Region – Bayamon
Yashira Maldonado
Epidemiologist
787-765-2929 Ext. 3754 787-692-6284 Fax: 787-995-0123
ymaldonado@salud.pr.gov

Wanda Díaz
Nurse
787-765-2929 Ext. 3754 Fax: 787-995- 0123
wediaz@salud.gov.pr

CAGUAS REGION

Jazmín Román
Epidemiologist
(787) 765-2929 Ext. 4336 Cel. 787-692-6205
jroman@salud.pr.gov

Carmen Valentín
Nurse
(787) 765-2929 Ext. 4336 Fax: 787-744-1748
cevalentin@salud.gov.pr

FAJARDO REGION

Edna I. Ponce
Epidemiologist
Cel. 787-692-6275 (787)
765-2929 Ext. 3554 Fax: 787-863-2841
eponce@salud.gov.pr

MAYAGÜEZ REGION

Suheiry Cruz Medina
Regional Epidemiologist
787-832-3640 / 831-0262, Fax: 787-834-0095
Cel. 787-692-6195
suheiry.cruz@salud.pr.gov

Víctor M. Rodríguez Santiago
Reg. Nursing & Leptospirosis
787-832-3640 / 831-0262, Fax: 787-834-0095
victorm.rodriguez@salud.pr.gov

Sub - Aguadilla Region

Noelia Estévez Pérez
Nursing Supervisor 787-882-9092 Fax: 787-8912045
nestevez@salud.pr.gov

METRO REGION

Gilbert Encarnación Cortés
Epidemiologist
787-765-2929 Ext. 4683 787-692-6179
gilbert.encarnacion@salud.pr.gov

Pilar Torres Rodríguez
Nurse
787-765-2929 X4683
ptorres@salud.gov.pr

PONCE REGION

María Ramos Zapata
Epidemiologist
787-765-2929 ext. 5705 Cel. 787-692-6272 Fax 787-841-4555
maramos@salud.gov.pr

Damarys Velázquez Echevarría
Nurse
787-765-2929 Ext. 5705
davelazquez@salud.gov.pr

EXHIBIT A

Outings and Visitation Protocols COVID-19

Recommended Protocol Action Plan

DSPDI's management, in collaboration with the Quality Unit, the Mediation and/or the Social Work divisions, as required, shall receive the requests to review, discuss and approve visits and outings while considering the following, among others according to each participant's individualized plans:

- Emergency Situations – We note that every emergency must be immediately notified to the DSPDI in accordance with the incident management protocol set in place. However, when facing an emergency, providers shall also act according to the situation and shall proceed to take the necessary steps to ensure the safety and wellbeing of the participants. Therefore, prior approval or consultation with the DSPDI will not be required when a provider is faced with an emergency situation, but it shall be the provider's responsibility to immediately notify DSPDI for assistance and collaboration during the process of handling the situation. Following, a list of examples that will be considered as emergencies and which will not require DSPDI's prior authorization, or that of its personnel: trauma, side-effects to medications, allergic reactions, respiratory problems, seizures, wounds, vomiting, sharp abdominal pain, memory loss, chest pain, possible fractures, changes to mental state, among others.
- Physical Wellbeing
- Psychological Wellbeing
- Emotional Stability
- Continuing Treatment
- Medical visits that cannot be done via Telemedicine, consultations with specialists and subspecialists that cannot be done via Telemedicine
- Hospitalizations referred by primary physicians or specialists
- Recommendations by primary physicians or psychiatrists
- Also, it is possible that a professional from DSPDI will need to visit a provider with the purpose of evaluating the participant's functionality and physical condition to establish a working plan.

Outings Requests for Psychological and Emotional Aspects

Consideration shall be given to:

- those cases involving particular circumstances and needs presented by a participant's condition that requires special treatment.
- participants that may exhibit disruptive behavior, as well as to participants diagnosed on the autism spectrum.
 - Should participants exhibit high risk behavior, consideration shall be given firstly

to the use of one on one resources, to ensure the wellbeing and safety of the participant and employees.

- Therapeutic outings, bearing in mind all the necessary measures to avoid the infection and spread of COVID-19 including social distancing measures of keeping at least 6 feet away from other people (except personnel) while outside the home.
- The provider, parent and/or tutor shall inform DSPDI's psychologists of their worries regarding telling behavior, exacerbations in conduct, tensions and anxiety observed resulting from the COVID-19 emergency.
- Should participants exhibit high risk behavior, consideration shall be given firstly to the use of one on one resources, to ensure the wellbeing and safety of the participant and employees.
- Outing requests must be to places within the permitted schedule under the Governor's Executive Order 2020-023 and the shelter-in-place imposed thereby and accompanied by a staff of the provider.

Request for review, discussion and approval of outings and visits by providers.

- The provider shall present outing and visit requests and explain the reasons for his request in writing or by telephone with the Quality Unit, Mediation or Social Work division by dialing to **(787) 439-4055**.
- The provider, parent and/or tutor shall inform DSPDI's psychologists of their worries regarding telling behavior, exacerbations in conduct, tensions and anxiety observed resulting from the COVID-19 emergency.
- Providers shall send requests ahead of time. We note that during an emergency a provider shall act in accordance with the situation and shall take all steps necessary to ensure the safety and wellbeing of the participants. Therefore, prior approval or consultation with the DSPDI will not be required when an emergency is being dealt with, but it shall be the provider's responsibility to immediately notify the DSPDI for assistance and collaboration during the process.
- The Quality Unit, Mediation or Social Work division shall keep the DSPDI's management informed of all outing and visit requests presented.
- Determinations made in connection to outing and visit requests shall be informed to the provider in writing or by telephone within 24 hours. In cases involving emergencies, where the DSPDI's prior approval is not required, the notice of emergency shall be answered as soon as possible after consulting with the interdisciplinary team, to provide assistance and advice with regards to the situation.
- Requests for outings shall be evaluated if they are intermittent or occasional and the provider offers activities adjusted to the participant's needs, that take into consideration the medical criteria, and the parameters of the Executive Order 2020-023.
- Upon troubling conduct or abrupt changes in the participant's routine, the offering of outings or visits shall be evaluated through an individual planning process. The process shall be centered on the person and shall be done setting forth the benefit of the task and the identification of support employees.
- Upon any emotional health crisis presented by participants lacking verbal skills, and requiring care, consideration shall be given to reports prepared by the community home

supporting staff.

- The objective of the visit or outing shall be set in writing as a required alternative therapy, as well as for the management plan for preventing COVID-19.
- The provider must follow the DSPDI interdisciplinary team's recommendations, always watching out for the participants and employees' wellbeing and safety.
- All protective steps and safety precautions shall be followed to control and reduce the transmission of COVID-19.

Use of Telemedicine as a first option:

- Governor Wanda Vázquez-Garced signed into law the Joint Senate Resolution No. 491 in order to expand the provisions of the "Puerto Rico Telemedicine Act" so as to permit doctors to provide telemedicine in light of the health risks posed by COVID-19.
- Senate Joint Resolution No. 491 authorizes doctors that practice medicine in Puerto Rico to use telemedicine, telephone consultations or any other authorized method to assess patients as well as to follow up on their corresponding treatment.
- Doctors are authorized to send prescriptions, referrals, medical orders by photo or other electronic method, to service providers, who must accept and dispense them.
- Health insurance companies, the Health Services Administration (ASES, for its acronym in Spanish), are required to pay for the services rendered to patients by electronic, digital or telephonic means as if they were in-person consultations, and/or for any test and/or medical treatment to address COVID-19.
- The provider, parent and/or tutor shall consult with the participant's primary physicians by telephone in connection with Telemedicine services.

Use of telephone consultations with primary physicians (Normative Letter 20-03-17):

- Effective March 17, all Government Health Plan (Plan Vital) beneficiaries may consult primary physicians by telephone and/or video technology available through smart phones, without having to visit a medical office or facility.

Use by pharmacies of electronically sent prescriptions without the primary physician's countersignature

- With the goal of guaranteeing continued access of medications to all beneficiaries of the Government Health Plan (Plan Vital), the Health Services Administration (ASES) notified that as of March 16, 2020:
 - Beneficiaries may take their prescription to any pharmacy in Puerto Rico (whether or not they form part of Plan Vital).
 - Prescriptions ordered by a licensed doctor, regardless of whether they are Plan Vital network providers, shall be honored without requiring a primary physician's countersignature.
 - Prior authorization requirements are suspended for dispensing prescriptions, duplicative therapy, staggered therapy, limits on amounts dispensed, requirements

on medical specialties for prescribing Physical and Mental Health medications.

- None of the previous provisions apply to controlled medications. Controlled medications shall be governed by the dispensing procedures imposed by current law. This policy shall be in effect until the State of Emergency ends or until ASES suspends its instructions.

Use of medical consultation services via the Specialized Clinic on Evaluations and Consulting's (CEEC, for its acronym in Spanish) crisis hotline

- The provider, parent or tutor must contact the participant's primary physician in order to make a consultation by phone or by the Telemedicine service.
- In case that the primary physician is unavailable, you must call DSPDI's crisis hotline which is attended by the Specialized Clinic on Evaluations and Consulting's (CEEC) physician at **(787) 691-1763**.
- If the CEEC's physician recommends a treatment, the provider, parent and/or tutor shall provide CEEC with the contact information of the medical supplying pharmacy, that way the CEEC physician may contact and send the prescription.
- The pharmacies shall dispense refills for chronic medications, even if the participant does not possess refills or a new prescription. For this, he must present the empty prescription vial to that specifies the dosage and participant's identity.
- The previously mentioned provisions do not apply for medications classified as narcotics under federal or state law and regulations.

Use of medical consultation services via the Specialized Clinic on Evaluations and Consulting (CEEC, for its acronym in Spanish) crisis hotline for managing psychiatric or controlled medications

- The provider, parent and/or tutor shall contact the psychiatrist or primary physician that prescribed the treatment using telephone or Telemedicine services.
- In case the psychiatrist or prescribing primary physician is unavailable, you must call the DSPDI's crisis hotline at **(787) 691-1763** to reach the CEEC's physician.
- The provider, parent and/or tutor shall send evidence of the required medication be it by a photograph of the last prescription or of the prescription vials containing the participant's name, medication, dosage and frequency.
- The CEEC physician will contact the DSPDI psychiatrist and send the prescribed medication information and the providers' contact so that the prescription may be picked up.
- Should additional consultation be necessary to assess the psychiatric situation, the psychiatrist assigned to the participant shall be contacted. If this contact cannot be established for whatever reason, the DSPDI crisis hotline should be called immediately.

Use of videoconferences or video calls for virtual meetings with participants

- It is recommended to use an interactive system that permits participants to maintain a

virtual conversation with family and friends through real time transmission of video or sound.

- Videoconferences or videocalls are recommended with the goal of providing contact between participants and their family and friends through video images.
- Videoconferences or videocalls can be set up using computer cameras, smartphone cameras or applications such as **WhatsApp, Face Time, Skype and Zoom, among others.**
- To protect the privacy of participants, family members and employees, videoconferences and videocalls shall not be recorded. A location should be identified that will provide enough privacy and space for the interaction of participants with their family and friends.
- Electronic equipment should be disinfected before and after being used or their equipment being touched. It is recommended that the DSPDI ensure that each home has adequate and sufficient cleaning and disinfecting supplies and that the proper hygiene measures are carried out thoroughly.
- In the event that a home does not have the necessary equipment to be able to perform the videoconferences or calls, the DSPDI, when possible, shall provide said equipment on a temporary basis until the present action plan and protocol is no longer in effect by Court order.

EXHIBIT B

Suggested Nutritional Guidelines

Adequate nutrient intake must be ensured at all times. Healthy foods based on the 5 food groups: fruits, vegetables, Farinaceous and cereals, lean proteins and low-fat or fat-free dairy products, shall be offered to the participants of the DSPDI program.

Vitamins A, C, D, Zinc, proteins and probiotics play an important role in the immune system and can be found in a variety of foods.

Suggestions of stable foods in the pantry

Proteins:

- Legumes (beans), peas, and lentils (dried or canned reduced in sodium);
- Peanut butter, nut butter (almonds, cashews);
- Canned or vacuum-sealed fish or shellfish (i.e: tuna, salmon, and sardines);
- Vacuum sealed canned or pouched chicken or turkey (reduced sodium); and
- Egg Powder;
- Pasta Sauce (reduced sodium) in glass-based or canned.

Dairy and its derivatives:

- Powdered or UHT milk (low fat or fat free); and
- Yogurt that does not require refrigeration Carbohydrates.

Fruits and vegetables:

- Frozen or canned fruits (in water or packed in 100% juice);
- 100% fruit juice;
- Canned vegetables (reduced in sodium or without added salt);
- Canned Soups (reduced sodium);
- Tomatoes, canned or packed in glass (such as whole, squared, mashed; reduced in sodium and without added salt); and
- Dried Fruits (no added sugar).

Farinaceous and Cereals:

- Ready-to-eat hot or cold whole grain cereals (such as oatmeal, shredded wheat, and whole-wheat flakes);
- Whole grains (such as brown rice, rye, barley, farro, quinoa, buckwheat, amaranth, millet, and sorghum);
- Whole wheat pasta (such as spaghetti, rigatoni, and shells); and
- Wholemeal cookies

Nutritional supplements - (meal replacements or snacks)

- Complete and balanced nutritional supplements such as: (Ensure, Glucerna, Boost, or the like) in all its formulations.

Example food sources high in vitamins for the immune system:

- Vit. A - (beta carotene) - sweet potatoes, spinach, carrots, mango, broccoli and tomatoes.
- Vitamin C includes citrus, blueberries, melons, tomatoes, peppers, and broccoli.
- Vitamin D - fatty fish, eggs, milk and juices 100% enriched with vitamin D.
- Zinc- beef and seafood, vegetarian sources such as wheat germ, legumes, nuts, and tofu.
- Probiotics - in cultured dairy products like yogurt and in fermented foods like kimchi.
- Protein - milk, yogurt, eggs, beef, chicken, seafood, nuts, seeds, beans, and lentils.